

BADGERCARE PLUS CHANGE REPORT

You must report, within 10 days if:

- You move to a new address or out of state,
- Anyone moves in or out of your home, someone becomes pregnant or gives birth, or
- Your living arrangement changes (example: you go into a nursing home or other institution).

You must report by the 10th of the following month if you have a change in income in which your gross monthly income goes over the program limit. If you're enrolled in BadgerCare Plus, you'll get a notice which will have the program limit for your family size listed. You should always look at your latest notice.

BadgerCare Plus Family Planning Services

If you're enrolled in BadgerCare Plus family planning services, you only need to report these changes within 10 days:

- You move to a new address or out of state, or
- Your living arrangement changes (example: you go into a nursing home or other institution.)

You can report these changes using this form, by calling the county or tribal agency or online at access.wi.gov. If you choose to use this form, once you've completed and signed the form, return it to your local agency. To get the telephone number and address of the local agency go to badgercareplus.org or call 1-800-362-3002.

If this report doesn't provide enough room to describe a change, attach a sheet of paper with the additional information.

Your Name	Case Number/Social Security Number	Worker Name
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CHANGE IN ADDRESS

Use this section to report a new address.

New address	City	State	Zip Code
New telephone number	Date of change		

CHANGE IN HOUSEHOLD

Use this section to report if anyone moves in or out of your household, if anyone gets married, becomes pregnant or gives birth (include information about the person who gave birth and the newborn.)

Name(s) (last, first, MI)		Date of change
Social Security Number	Relationship to you	Date of birth
Describe the change		

CHANGE IN INCOME

Use this section to report a change in gross income amount, a new source of income, changes in employment status (part-time to full-time or full-time to part-time, loss of employment), changes in salary or rate of pay, changes in the amount of Social Security, Veterans benefits, Unemployment Insurance, Worker's Compensation, or any other change in the amount of money your household receives.

Name (last, first, MI)		Date income changed
Source of income	Monthly amount	How often paid

New Job

If this is a new job change, what is the employer's name, address and telephone number?

How many hours per week do you work?	Amount paid per hour?
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Loss of Job

Name (last, first, MI)		Date ended
Name of Employer	Date of last paycheck	Amount of last paycheck? \$

OTHER CHANGES

Use this space for any other changes you want to report.

SIGNATURE

I understand that there are penalties for hiding information or giving false information. I also understand that I may have to pay back any benefits I get because I don't fully report changes in my circumstances. I agree to provide proof of any changes, if asked to do so. My answers on this form are correct and complete to the best of my knowledge.

SIGNATURE - Applicant	Date Signed
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